



A Public Service Agency

## APPLICATION FOR APPROVAL OF MATURE DRIVER IMPROVEMENT COURSE

Submit completed application with non-refundable application fee of \$100.00 and a copy of the proposed lesson plan to:

Department of Motor Vehicles  
Traffic Violator School Unit  
P.O. Box 825383 N229  
Sacramento, CA 94232-5383

### MAIN OFFICE

NAME OF INDIVIDUAL, PARTNERS OR CORPORATION

SCHOOL NAME

DBA

BUSINESS TELEPHONE

BUSINESS OFFICE ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

PROVIDER/MANAGER\*

DRIVER LICENSE NUMBER

STATE

\*This should be the person responsible for the program and who would be contacted by the public and DMV.

### MANAGER INFORMATION: *If the contact person listed is other than an applicant, complete the following:*

NAME (PLEASE PRINT)

LAST

FIRST

MIDDLE

RESIDENCE TELEPHONE

RESIDENCE ADDRESS

NUMBER

STREET

CITY

STATE

### PHYSICAL DESCRIPTION

SEX

COLOR HAIR

COLOR EYES

HEIGHT

WEIGHT

BIRTH DATE

### FOR DMV USE ONLY

DATE FEE AND LESSON PLAN RECEIVED

DATE OF APPROVAL

PROVIDER ID NUMBER

The above provider ID number is to be placed on all completion certificates issued and on all correspondence with DMV.

Once an ID number is issued, this form provides evidence of approval as a provider of the mature driver improvement course. It should be retained as part of your business records. A copy of this form must be presented each time you purchase certificates. If anyone other than the provider/manager listed above purchases certificates, that person must present a letter of authorization on the school's letterhead stationery to purchase a specific number of certificates. The letter must include the printed name and driver license number of the person picking up the certificates, signed and dated by the provider/manager. A new letter will be required for each certificate purchase.

I certify under penalty of perjury under the laws of the State of California that the information on this page is true and correct. Applicant Initials \_\_\_\_\_



## OWNERSHIP INFORMATION

Please indicate whether you are a:

☐ **Corporation**    ☐ **Partnership**    ☐ **Sole Proprietorship**    ☐ **Public Adult School or Community College**

If CORPORATION, provide:

Corporation Name:

California Corporation Number:

Principal Officers Name(s), Driver License Number(s), Social Security Number(s), Residence Address(es) and Residence Phone Number(s):

If PARTNERSHIP, provide:

Federal Employer Identification Number:

General Partners Name(s), Driver License Number(s), Social Security Number(s), Residence Address(es) and Residence Phone Number(s):

If SOLE PROPRIETORSHIP, provide:

Owner's Name(s), Driver License Number(s), Social Security Number(s), Residence Address(es) and Residence Phone Number(s):

If PUBLIC ADULT SCHOOL OR COMMUNITY COLLEGE, provide:

District Name:

Administrator in Charge:

Driver License Number:

Institution Name:

***I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.*** (Perjury is punishable by imprisonment, fine or both.)

Executed at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_

(NOTE: to be signed by sole owner, partner, officer or corporation, or administrator only.)

Signed \_\_\_\_\_

Title \_\_\_\_\_